

State: Arkansas **Filing Company:** Massachusetts Mutual Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Advance Notice Endorsement
Project Name/Number: Advance Notice Endorsement/Advance Notice Endorsement

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company
Product Name: Advance Notice Endorsement
State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form
Date Submitted: 07/31/2012
SERFF Tr Num: MASS-128515072
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: ADVANCE NOTICE ENDORSEMENT

Implementation: On Approval
Date Requested:
Author(s): Robin Perez, Diana Violette, Jennifer Dube, Elyse Plosky, Nick Sheehan
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/06/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Massachusetts Mutual Life Insurance Company
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Product Name: Advance Notice Endorsement
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General Information

Project Name: Advance Notice Endorsement Status of Filing in Domicile: Pending
Project Number: Advance Notice Endorsement Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/06/2012
State Status Changed: 08/06/2012
Deemer Date: Created By: Nick Sheehan
Submitted By: Nick Sheehan Corresponding Filing Tracking Number:

Filing Description:

MassMutual Life Insurance Company
NAIC ID# 435-65935
Company ID# 44300

New Policy Form Filing

Form: Endorsement – ADVNOTICE-2012

The above referenced endorsement is being filed for review and approval. This form is new and does not replace any MassMutual forms currently in use.

This form will be attached to policy form SL11BSP-AR-2009 which was approved by your Department on November 15, 2007. This endorsement will only be issued to new policies funded with premiums of 10 million dollars and above.

The purpose of this endorsement is to change the Surrendering This Policy provision to require up to 180 days advance notice upon a surrender or exchange of the policy.

Company and Contact

Filing Contact Information

Nicholas Sheehan, Compliance Assistant nsheehan@massmutual.com
100 Bright Meadow Blvd 860-562-3462 [Phone]
Enfield, CT 06082 860-562-6109 [FAX]

Filing Company Information

Massachusetts Mutual Life Insurance Company	CoCode: 65935	State of Domicile:
1295 State Street	Group Code: 435	Massachusetts
MIP: M381	Group Name:	Company Type:
Springfield, MA 01111	FEIN Number: 04-1590850	State ID Number:
(800) 767-1000 ext. [Phone]		

Filing Fees

State: Arkansas **Filing Company:** Massachusetts Mutual Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
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Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Massachusetts Mutual Life Insurance Company	\$75.00	07/31/2012	61318716

SERFF Tracking #:	MASS-128515072	State Tracking #:		Company Tracking #:	ADVANCE NOTICE ENDORSEMENT
State:	Arkansas	Filing Company:	Massachusetts Mutual Life Insurance Company		
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life				
Product Name:	Advance Notice Endorsement				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/06/2012	08/06/2012

State:	Arkansas	Filing Company:	Massachusetts Mutual Life Insurance Company
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Disposition

Disposition Date: 08/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter		Yes
Form	Endorsement		Yes

State:	Arkansas	Filing Company:	Massachusetts Mutual Life Insurance Company
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Form Schedule

Lead Form Number: ADVNOTICE-2012							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		ADVNOTICE-2012	POLA	Endorsement	Initial:	55.600	SL 11BSP Advance Notice Endorsement.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

ENDORSEMENT

Modification of Policy Provisions

This policy was changed before it was signed by Us.

The "Surrendering This Policy" section in **Part 4.** of this policy is hereby restated in its entirety to read as follows:

Surrendering This Policy


Right to Surrender	This policy may be surrendered for its Cash Surrender Value at any time while the Insured is living. The surrender will be effective at the end of the Advance Notice period. A later effective date may be elected in the surrender request.
Advance Notice	We require an Advance Notice period of up to [180] days for a surrender or exchange of the policy. The Advance Notice period will begin on the date we receive a written surrender request in a form satisfactory to Us and received at Our Home Office. The policy will remain In Force during the Advance Notice period.
Cash Surrender Value	The Cash Surrender Value is equal to the account value less any policy debt.
Partial Surrenders	Partial surrenders are not allowed under this policy.
How We Pay	If the entire policy is surrendered, the Cash Surrender Value will be paid in one sum.

We will add interest to the surrender value payment if:

- The payment is delayed for more than 30 working days from the effective date of the surrender; and
- The amount of such interest is at least \$25.

If interest is added, the interest rate will not be less than the minimum annual interest rate shown in the Basis Of Computation section on the Schedule Page.

Massachusetts Mutual Life Insurance Company


Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Generic Readability Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
SL11BSP Endorsement Cover ltr.pdf			

Massachusetts Mutual Life Insurance Company

READABILITY CERTIFICATION

I hereby certify the accuracy of the flesch reading ease test score for the following policy forms. These forms are at least 10 (ten) point type, 2 (two) point leaded.

FORM NUMBER AND TITLE

FLESCHSORE

ADVNOTICE-2012 Modification of Policy Provisions Endorsement

55.6

Signature:

Jo-Anne Rankin

Digitally signed by Jo-Anne Rankin
DN: cn=Jo-Anne Rankin, o=MM USIG, ou=Reinsurance,
filing, illustrations, email=jrankin@massmutual.com,
c=US
Date: 2012.07.30 13:12:35 -0400

Jo-Anne Rankin
Vice President

Date: 07/30/2012



Mr. John Shields
Arkansas Department of Insurance
Commerce and Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: MassMutual Life Insurance Company
NAIC ID# 435-65935
Company ID# 44300

New Policy Form Filing
Form: Endorsement – ADVNOTICE-2012

Dear Mr. Shields:

The above referenced endorsement is being filed for review and approval. This form is new and does not replace any MassMutual forms currently in use.

This form will be attached to policy form SL11BSP-AR-2009 which was approved by your Department on November 15, 2007. This endorsement will only be issued to new policies funded with premiums of 10 million dollars and above.

The purpose of this endorsement is to change the Surrendering This Policy provision to require up to 180 days advance notice upon a surrender or exchange of the policy.

The required certifications and fees if applicable are enclosed. Please direct all correspondence and questions regarding this filing to my attention. Thank you for your assistance.

Sincerely,

Nicholas Sheehan

Nicholas Sheehan
Product Filing Specialist
(860)562-3462
nsheehan@massmutual.com